

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1006

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 01/27/04

Ren.

REC'D BY
MTO (LAW)

1040204

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME: ODDS
Last

First: VERA

Middle: L.

2. BUSINESS PHONE: (225) 242-8007
Area Code and Phone Number

3. BUSINESS ADDRESS: 650 N. 10th ST. (ANNEX), BATON ROUGE, LA 70802
Street and No. City State Zip

MAILING ADDRESS: P.O. Box 44081 BATON ROUGE, LA 70804
Street and No. City State Zip

4. EMPLOYER: Self - ODDS & ASSOCIATES

5. EMPLOYER'S ADDRESS: Same as above
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: Louisiana Energy & Power Authority

Address: 210 VENTURE WAY CAFAYETTE, LA 70507

Business or purpose: municipally owned wholesale power sales & service

Does this person pay you? Yes

If No, who pays you?

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2. Name TULANE UNIVERSITY

Address 1440 CANAL ST., Ste 2400 TW5 NEW ORLEANS, LA 70112

Business or purpose medical school, hospital, research facilities, higher education

Does this person pay you? yes

If No, who pays you?

3. Name The KINGSLEY HOUSE

Address 914 RICHARD ST. New Orleans, LA 70130

Business or purpose Social services provider.

Does this person pay you? yes

If No, who pays you?

4. Name LOUISIANA PSYCHIATRIC MEDICAL ASSOCIATION

Address P.O. Box 15765 New Orleans, LA 70175

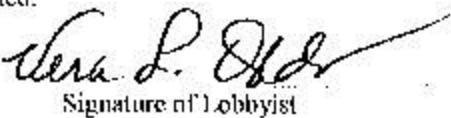
Business or purpose Health care trade association

Does this person pay you? yes

If No, who pays you?

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist



Lobbying Registration Form

Lobbyist's Registration Number

5 Name: UNIVERSITY OF PHOENIX

Address: 4615 EAST ELWOOD ST. PHOENIX, ARIZONA 85040

Business or purpose: higher education for adult working people

Does this person pay you? yes

If No, who pays you?

6. Name: LOUISIANA HOSPICE ORGANIZATION

Address: 9063 SIEGEN LANE BATON ROUGE, LA 70810

Business or purpose: health care provider trade association

Does this person pay you? no

If No, who pays you?

7 Name:

Address:

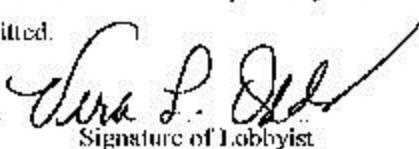
Business or purpose:

Does this person pay you?

If No, who pays you?

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Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE